

Name  
in  
Full

Daniel Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Oliver</i> Town		<i>Calvert</i> County				
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>24</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>Waiter</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Blake</i>	Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Mary F. Bean</i>	Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>John W. Brown</i>	How related to deceased <i>Stepfather</i>					

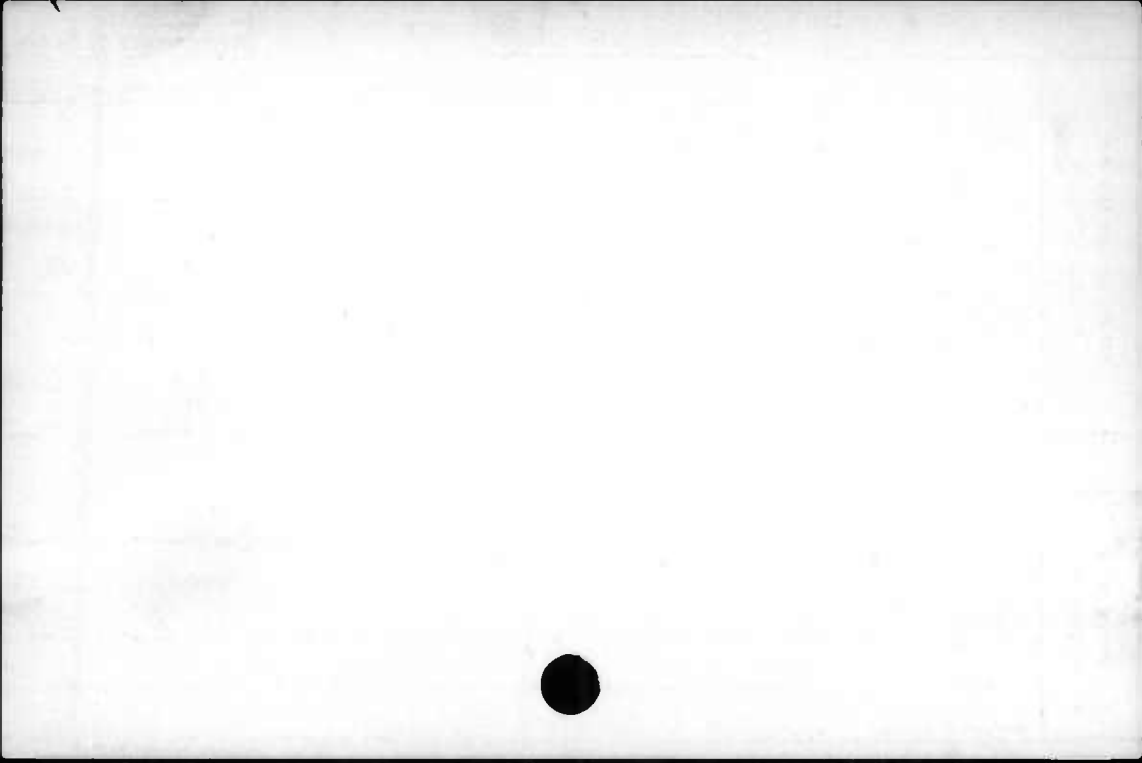
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

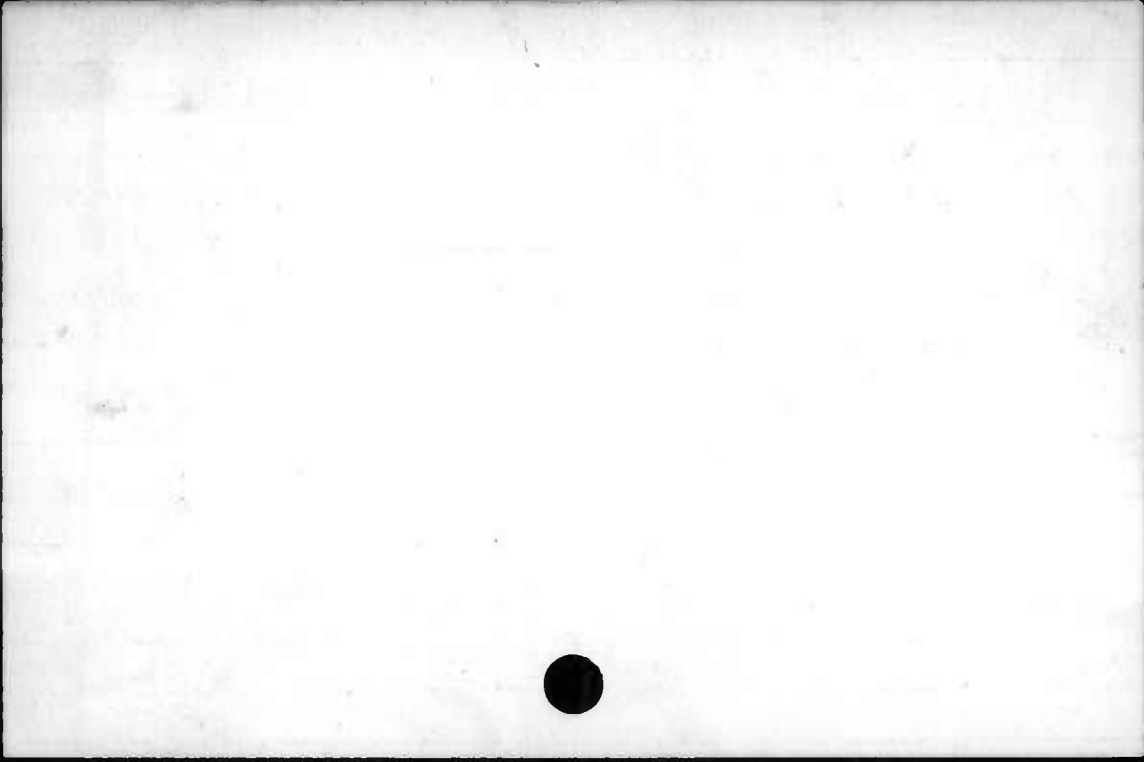
Primary <i>Tubercular Meningitis</i>	How long <i>about 2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers</i>
	Address <i>Lyndby, Calvert Co</i>
<del>Accident or Suicide?</del>	



Name in Full		Belle Brooko				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Newtown		Calvert		MARYLAND	
	Date of death	1906	Month	Jan.	Day	10	Age	18
	Sex		Female		Color or Race		Colored	
	Occupation		None		Birth-place		Calvert Co, Md	
	Where Residing if not at place of death							
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Joshua Brooko				Father's Birthplace	Calvert Co	
	Mother's Maiden Name	Rebecca Wise				Mother's Birthplace	Calvert Co	
Name of person giving information		Amelia Tucker				How related to deceased	Aunt	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Labor				How long	3 days	
	Immediate	Puerperal Sepsis				How long	36 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo F Chambers MD	
					Address		Lucy, Calvert Co	
	Accident or Suicide?							



Name in Full		Maggie Brooks 3/1/11				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Adelina</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>3<sup>rd</sup></u> <small>Years</small> <u>13</u>		<u>13</u> <small>Months</small>		<u>13</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Adelina</u>	
		Occupation _____		Where Residing if not at place of death _____			
		Married, Single or Widowed <u>single</u>		Name of Wife or Husband _____			
PHYSICIAN OR CORONER		Father's Name <u>Charles Brooks</u>				Father's Birthplace <u>Calvert Co</u>	
		Mother's Maiden Name <u>Susan White</u>				Mother's Birthplace <u>Calvert Co</u>	
		Name of person giving Information <u>Father</u>				How related to deceased _____	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Consumption</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>				How long _____	
		Immediate <u>Exhaustion</u>				How long _____	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>W B Stafford</u> <small>date</small> <u>und</u>	
						Address <u>Bayview</u>	
		Accident or Suicide? _____					



Name  
in  
Full

Maggie E. Bryant

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Pratts Blaine*<sup>County</sup> *Calvert*Date of death <sup>Month</sup> *Jan* <sup>Day</sup> *27*<sup>Years</sup> *37* Age<sup>Months</sup><sup>Days</sup>Sex *Female*Color or Race *White*Birthplace *Accomac Co. Va.*Occupation *Housewife*

Where Residing If not at place of death

Married, ~~Single~~  
~~or Widowed~~Name of ~~Wife or~~  
Husband*Lidney Bryant*Father's Name *Levin J. Barnes*Father's Birthplace *Accomac Co. Va.*Mother's Maiden Name *Maggie E. Ewell*Mother's Birthplace *Va.*Name of person giving information *Rev. M. Barnes*How related to deceased *Brother*

## CAUSES OF DEATH

Primary

*Pneumonia in (93)*  
*Exhaustion*

How long

*2 weeks*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*P. P. Brown*  
*Amptown*  
*MD*

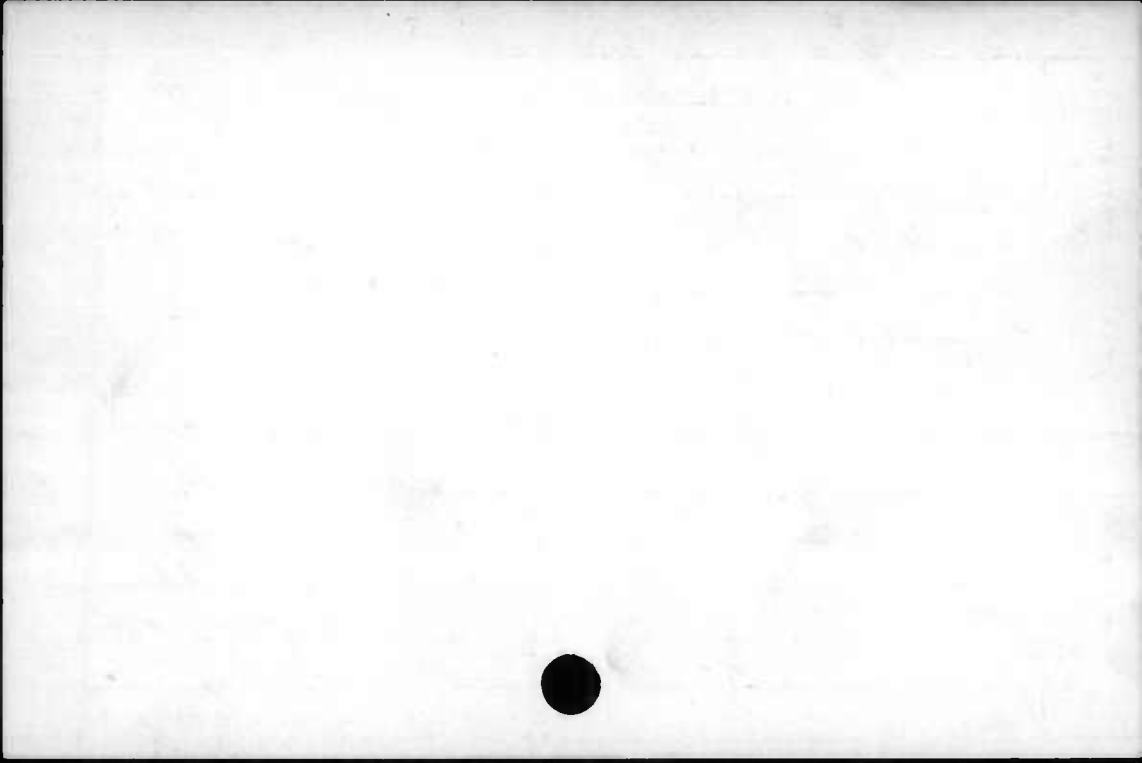
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Augusta Chase				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Huntington		County Calvert		MARYLAND	
	Date of death		1906		Month Jan		Day 7	
	Sex		male		Color or Race		Black	
	Occupation		none		Birth-place		Cal. les	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Siri Chase		Father's Birthplace			
Mother's Maiden Name		Bluertha Ovat		Mother's Birthplace				
Name of person giving information		Charlie Muckall		How related to deceased				
				none				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Whooping Cough		How long		1 month	
	Immediate		Bronchitis Pulmonum		How long		10 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician			
					Address			
				Huntington				
				Md.				
Accident or Suicide?								



Name in Full *Mary Ann Chase* 4/1/I. 40  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>St. Leonards</i> Town <i>Calvert</i> County			
Date of death <i>1906 Jun 14</i>	Month <i>Jun</i>	Day <i>14</i>	Age <i>75</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co</i>	
Occupation	Where Residing if not at place of death <i>Calvert Co</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Viriano Chase</i>		
Father's Name <i>Petersons Gang</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Margaret Jane Jackson</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Husband Viriano Chase</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

*(Paralytic stroke)*

PHYSICIAN  
OR CORONER

Primary <i>Paralytic stroke</i>	How long <i>4 m</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>(Signature)</i>
	Address
Accident or Suicide?	<i>R. Brackley &amp; Bros</i> ✓



Name  
in  
Full

Charles J. Grant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mount Harmony <sup>Town</sup> Calvert <sup>County</sup> **MARYLAND**

Date of death 1906 <sup>Month</sup> 1 <sup>Day</sup> 22 <sup>Years</sup> about 65 <sup>Months</sup>  <sup>Days</sup>

Sex Male Color or Race White Birth-place Calvert Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name  Father's Birthplace

Mother's Maiden Name  Mother's Birthplace

Name of person giving information Wm H Hutchins How related to deceased friend

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Semile pibility (154) How long Several Months

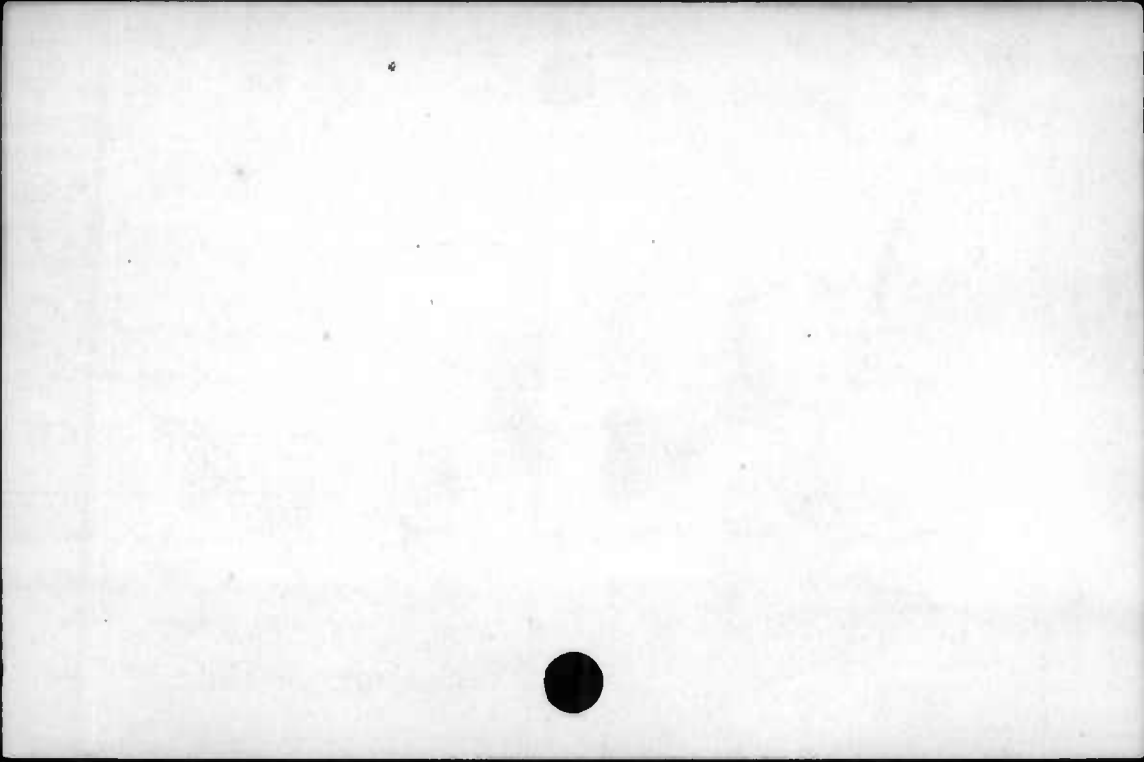
Immediate Heart Failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? yes

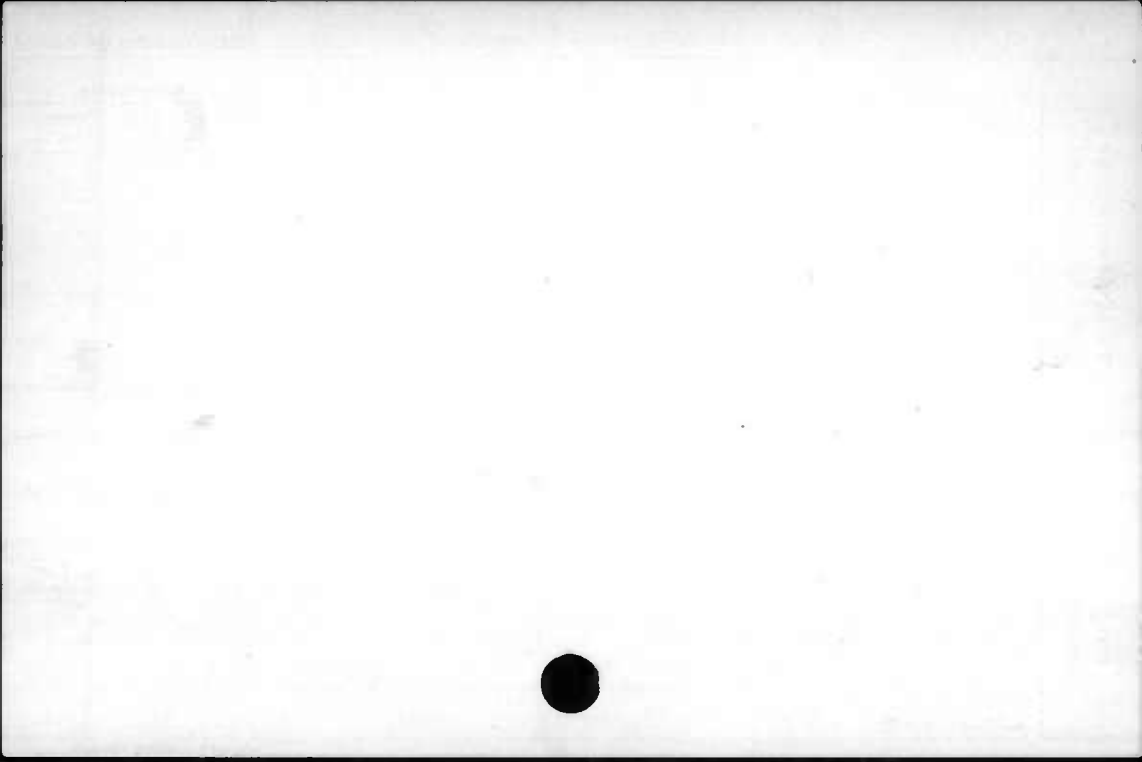
Signature of Physician J. L. Brayshaw

Address Friendship Md

Accident or Suicide?



Name In Full		Charles Alton Hazelin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Oliver</i> Town		<i>Calvert</i> County		MARYLAND	
		Date of death <i>1906 Jan 24</i>		Age <i>3</i> Years <i>8</i> Months <i>8</i> Days			
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>Charles C Hazelin</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Mary E. Dowell</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Mary E. Hazelin</i>		<i>179</i>				How related to deceased <i>mother</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Found dead in bed. I think</i>				How long	
		Immediate <i>Heart Failure</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Geo F Chambers M.D.</i>	
						Address <i>Lucy, Calvert Co</i>	
		Accident or Suicide?					





Name In Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Home Pt</i>		<i>Calvert</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>—</i>	Months <i>—</i>	Days <i>5 hours</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Calvert Co</i>	
		Occupation <i>—</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
PHYSICIAN OR CORONER		Father's Name <i>Joseph E Hardisty</i>		Father's Birthplace <i>Calvert Co</i>			
		Mother's Maiden Name <i>Mary Alice Tatton</i>		Mother's Birthplace <i>Calvert Co</i>			
		Name of person giving information <i>Joseph E Hardisty</i>		How related to deceased <i>Father</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Premature birth due to</i>		How long <i>15</i>			
		Immediate <i>Icterus of mother</i>		How long <i>5 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. F. Chambers M.D.</i>			
				Address <i>Lucy Calvert Co</i>			
		Accident or Suicide? <i>✓</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

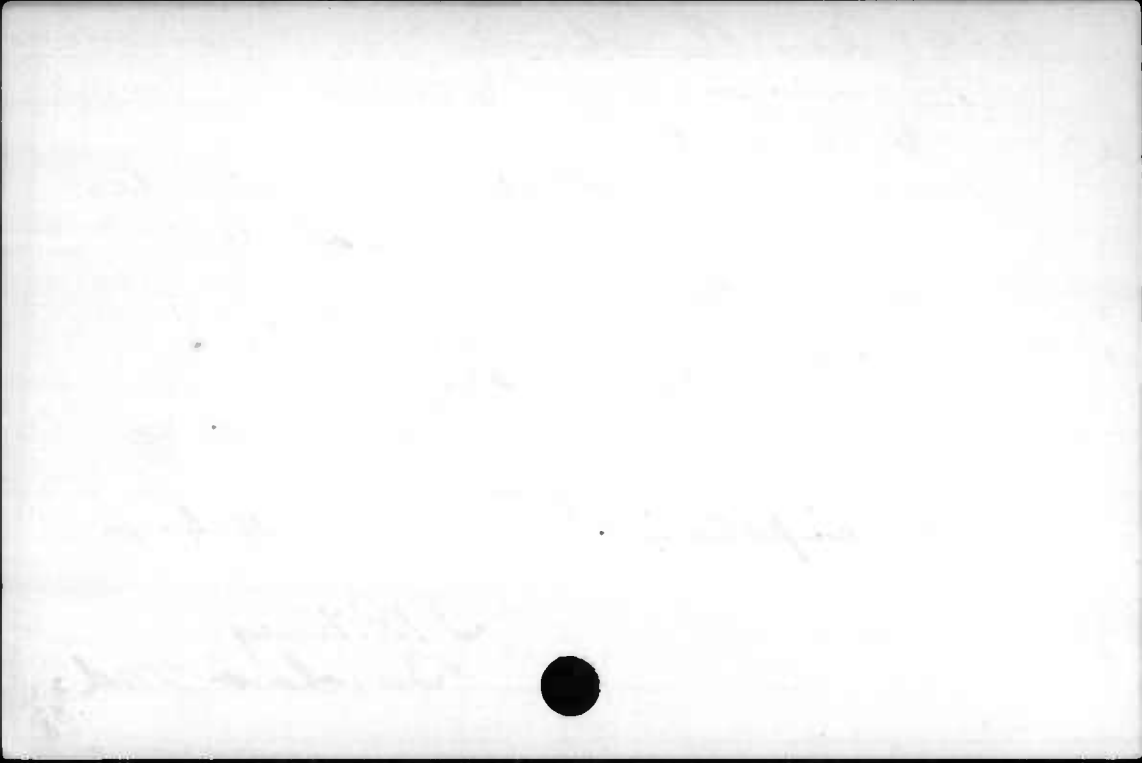
Died at *Oliver* Town *Calvert* CountyDate of death *1906* Month *Jan* Day *29* Age *about 72* Years Months DaysSex *Male* Color or Race *Colored* Birthplace *Calvert Co*Occupation *Oysterman* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Eliza Jane Buck*Father's Name *John Edward Johnson* Father's Birthplace *Calvert Co*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Geo. W. Johnson* How related to deceased *Son*

## CAUSES OF DEATH

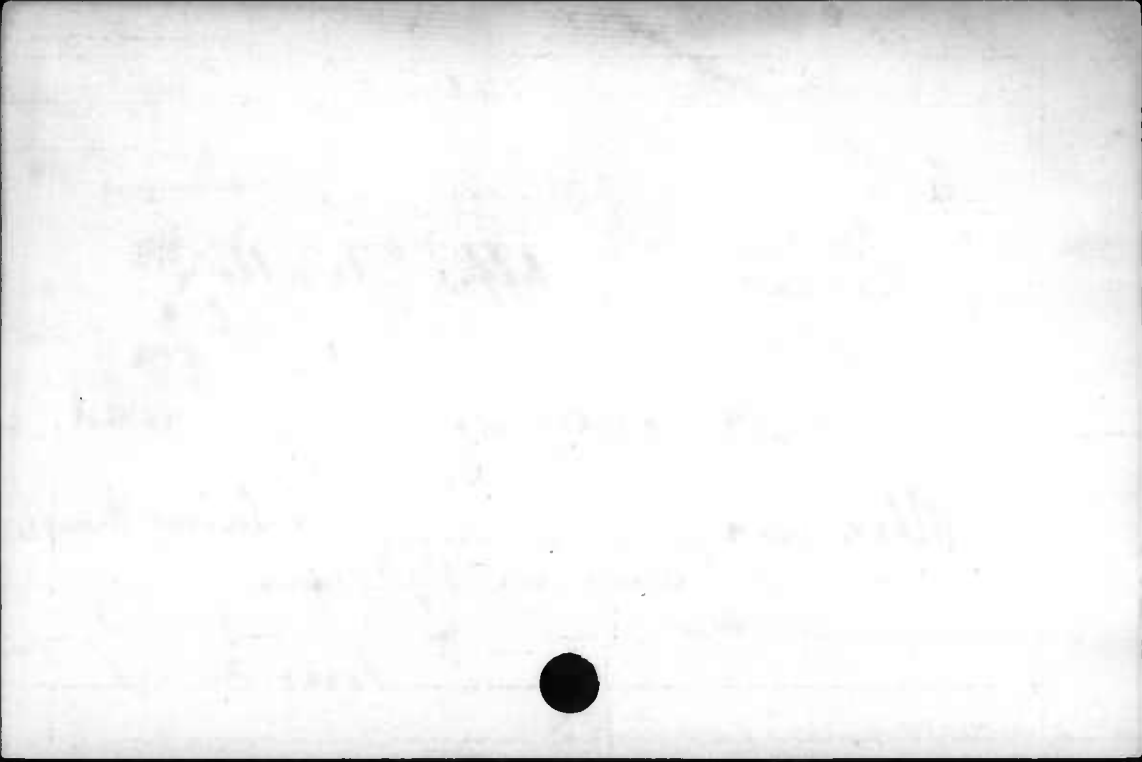
Primary *Pneumonia (lobar)* *93* How long *9 days*Immediate *Prostration* How long *a few hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo. F. Chambers, M.D.*Address *Lumbry, Calvert Co*~~Accident or Suicide?~~



Name in Full		4/1/11		39		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Mt. Airy</i>		County <i>Cabot</i>		MARYLAND		
	Date of death <i>1906 Jan</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>25</i>	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Cabot Co</i>			
	Occupation <i>Sailing</i>		Where Residing if not at place of death <i>Cabot</i>				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>James Ransby</i>		Father's Birthplace <i>Cabot</i>				
	Mother's Maiden Name <i>Annie Ransby</i>		Mother's Birthplace <i>Cabot</i>				
Name of person giving information <i>Reuben Ransby</i>		How related to deceased <i>mother</i>					
				CAUSES OF DEATH		<i>consumption</i>	
PHYSICIAN OR CORONER	Primary <i>Consumption</i>		<i>M. M.</i>		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>(27)</i>				
			Address				
	Accident or Suicide? <i>D. Brooks &amp; Bros</i>		✓				



Name in Full		Fielder Rawlings				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Barstow		County Calvert		MARYLAND
	Date of death	1906	Month Jan	Day 8	Age	Years 78	Months Days
	Sex	male		Color or Race	white		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Calvert	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Not Obtainable				Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Erysipelas			How long	4 days
	Immediate		Meningitis			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. M. King		
			Address		Barstow Md		
	Accident or Suicide?						





Name  
in  
Full

Ann Rebecca Watts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solters</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>Jan</i> <small>Day</small> <i>16</i>		Age <i>58</i> <small>Years</small>		Months <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Watts</i>			
Father's Name <i>Woody Danister</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Lettie Johnson</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Henry Watts</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>about 1 yr.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr F Chambers</i>
	Address <i>Lyabys, Calvert Co</i>
Accident or Suicide?	

